

# CARGO DISCREPANCY REPORT

1. DATE

NOTE: COMPLETE FORM IN INK OR TYPE. NO ERASURES, CORRECTIONS OR ALTERATIONS AUTHORIZED.

## PART A

2. <input type="checkbox"/> IMPORT <input type="checkbox"/> EXPORT		3. ACCIDENT TIME/DATE	
4. CARRIER NAME	5. CONTAINER/VOYAGE NO.	6. <input type="checkbox"/> DAMAGE <input type="checkbox"/> PILFERAGE <input type="checkbox"/> OTHER (SPECIFY)	
7a. CONSIGNEE	7b. CONSIGNOR	8. TRANSPORTATION CONTROL NO.	9. TYPE PACK
10. UNITS NAME		11. GOV. CLAIM NO.	12. PIECES DAMAGED/SHIPPED /
13. NSN		14. WEIGHT OF ITEM(S)	15. CUBE OF ITEM(S)
16. NOMENCLATURE		17. DISCREPANCY	
18. REGISTRATION NO.			
19. MODEL NO.			
20. SERIAL NO.			

21. DESCRIPTION OF HOW DAMAGE OCCURRED

## PART B

22. NAME OF OPERATIONS OFFICER (PRINTED)	24. NAME OF GOVERNMENT INSPECTOR (PRINTED)
23. SIGNATURE OF OPERATIONS OFFICER	25. SIGNATURE OF GOVERNMENT INSPECTOR
26. <input type="checkbox"/> ADMITS LIABILITY <input type="checkbox"/> DOES NOT ADMIT LIABILITY	28. CONTRACTOR'S REPS NAME (PRINTED)
27. NAME OF CONTRACTOR 'S CO. (PRINTED)	29. CONTRACTOR'S REPS SIGNATURE

30. CONTRACTOR'S STATEMENT

31. GOVERNMENT INSPECTOR'S COMMENTS

32a. WITNESS NAME

32b. WITNESS NAME